

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/



Variance number (Assigned by department) INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application. 15-07-04 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Owner Lia Morris Name of organization Telephone number (812) 323-0974 Address (number and street, city, state, and ZIP code) 416 Northlane, Dr., Bloomington, IN 47404 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Vicky Holdeman Property Manager Telephone number Name of organization (812) 323-0974 **Pyramid Properties** Address (number and street, city, state, and ZIP code) PO Box, 1745, Bloomington, IN 47402 3. DESIGN PROFESSIONAL OF RECORD (If applicable) License number Name of design professional NA Name of organization Telephone number Address (number and street, city, state, and ZIP code) 4. PROJECT IDENTIFICATION Name of project State project number County NA Monroe Northlane window variance Address of site (number and street, city, state, and ZIP code) 416 Northlane Dr., Bloomington, IN 47404 Type of project ☐ New ☐ Addition ☐ Alteration ☐ Change of occupancy 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? ☐ Yes (If yes, attach a copy of the Correction Order.) ⊠ No Has a violation been issued? ☐ No ☐ Yes (If yes, attach a copy of the Violation and answer the following.) Violation issued by: ☐ Local Fire Department ☐ State Fire and Building Code Enforcement Section □ Local Building Department

7. DESCRIPTION OF REQUESTED VARIANCE		
Name of code or standard and edition involved	Specific code section	·
1989 Indiana Building Code, section 1204	1204	
Nature of non-compliance (Include a description of spaces, e Emergency egress windows do not meet mini8 sq. ft. and existing area is 4.84 sq. ft. Clear he	equipment, etc. involved as necessary.) Imum requirements for a multi-unit structure bu igt requirement is 24 inches and existing heigh	ilt in 1992. Openable area required is 5.7 t is 20-1/2 inches
8. DEMONSTRATION THAT PUBLIC HEALTH, SA	AFETY, AND WELFARE WILL BE PROTECTED	
Select one of the following statements:		
oxtimes Non-compliance with the rule will not be advers	e to the public health, safety or welfare; or	
Applicant will undertake alternative actions in lie public health, safety, or welfare. Explain why al	eu of compliance with the rule to ensure that granting lternative actions would be adequate (be specific).	g of the variance will not be adverse to
Facts demonstrating that the above selected statement is tru Clear width required is 20 inches and existing v inches. This should be adequate for emergence	width is 34 inches. Maximum sill height is 44" a	above floor and existing sill is 36-1/2
9. DEMONSTRATION OF UNDUE HARDSHIP OR	HISTORICALLY SIGNIFICANT STRUCTURE	
Select at least one of the following statements:		
_	ardship (unusual difficulty) because of physical limitation	ons of the construction site or its utility services.
•	ardship (unusual difficulty) because of major operation	
	ardship (unusual difficulty) because of excessive costs	s of additional or altered construction elements.
☐ Imposition of the rule would prevent the preserva	ation of an architecturally or a historically significant pa	art of the building or structure.
that the owner would be unable to lease the pr	ue: cement of windows in order to preserve the ove roperty and obtain an occupancy permit. This p rough the Bloomington Housing and Neighborh	property was purchased as an investment
10. STATEMENT OF ACCURACY		
	a information contained in this condication is a	pourato
	ne information contained in this application is ac	
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
Signature of design professional (if applicable)	Vicky Holdeman Please print name	5/20/15 Date of signature (month, day, year)
•		
11. STATEMENT OF AWARENESS (If the application)	ation is submitted on the applicant's behalf, the a	applicant must sign the following statement.)
I hereby certify under penalty of perjury that I am	n aware of this request for variance and that this a	application is being submitted on my behalf.
Signature of applicant	Please print name	Date of signature (month, day, year)
Sia main	Lia Morris	5/20/15



Supporting Date

City of Bloomington Housing and Neighborhood Development

APR 1 7 2015

RENTAL PERMIT INFORMATION

Lia Morris 416 W. Northlane Drive Bloomington, IN 47404

Property Location: 416 W. Northlane Drive

Please find enclosed the Cycle Inspection Report which details recommendations and violations found during the recent inspection of your rental property. You have sixty (60) days from the date of this letter to correct the violations listed on the report.

Once violations have been corrected, it is <u>your</u> responsibility to call the Housing and Neighborhood Development office by **JUN 1** 6 2015 to schedule a re-inspection. You have the right to appeal any violation to the Board of Housing Quality Appeals. An appeal form can be found at <u>www.bloomington.in.gov/hand</u>. If you do not have access to the internet, you may contact HAND at 812-349-3420 and a form will be provided.

This report is issued in accordance with BMC 16.10.020(a) and 16.10.040(a) of the Residential Rental Unit and Lodging Establishment Inspection Program. Residential Rental Occupancy Permits will not be issued until all interior and exterior violations have been corrected, and all fees have been paid. Please be advised that non-compliance by the deadlines listed in this letter can limit the permit period to a maximum of three (3) years. A copy of the Notice of Fees can be found at www.bloomington.in.gov/hand. If you do not have access to the internet, you may contact HAND at 349-3420 and a form will be provided.

If your address has changed since your last inspection, please submit a new registration form to the HAND Department. You can find the registration form online at the website listed above. If you do not have internet access, you may contact HAND at 812-349-3420 and a form will be mailed.

If you have any questions regarding the permit process, please call weekdays between 8:00 a.m. and 5:00 p.m., at (812) 349-3420.

Sincerely,

Housing and Neighborhood Development Department

Enclosures: Inspection Report

Xc: Pyramid Properties



City of Bloomington Housing and Neighborhood Development

New Cycle Inspection Report

4665

OWNERS

Lia Morris

416 W. Northlane Dr.

Bloomington, IN 47404

AGENT

Pyramid Properties

P.O. Box 1745

Bloomington, IN 47402

Prop. Location: 416 W Northlane DR Number of Units/Structures: 1/1

Units/Bedrooms/Max # of Occupants: 1/3/5

Date Inspected: 04/13/2015

Primary Heat Source:

Property Zoning: RH

Number of Stories:

Inspector: Jo Stong

Foundation Type:

Attic Access:

Accessory Structure:

Monroe County Assessor's records indicate this structure was built in 1992. The egress requirements at the time of construction are as follows:

Openable height: 24 inches
Openable width: 20

Sill height: Not more than 44 inches above finished floor

Openable area: 5.7 square feet

INTERIOR:

Living Room (18-3 x 14-11):

Properly repair and surface-coat the crack in the ceiling. BMC 16.04.060(a)

Hallway, Mechanical Room:

No violations noted.

Laundry/ Half Bath:

Secure toilet to its mountings. BMC 16.04.060(c)

City Hall

Rental Inspections: (812) 349-3420 Neighborhood Division: (812) 349-3421

Housing Division: (812) 349-3401

401 N. Morton Street Bloomington, IN 47404 Fax: (812) 349-3582

Kitchen (18-1 x 10-0):

Repair the faucet sprayer on the sink to function as intended by the manufacturer, or remove and properly terminate the line for the sprayer. BMC 16.04.060(c)

Replace the missing protective cover for the light fixture. BMC 16.04.060(c)

Install the smoke detector in an approved location (it is too low). If wall mounted, it shall be located between 4 and 12 inches from the ceiling. If ceiling mounted, it shall be located at least 4 inches from the wall. IC 22-11-18-3.5

Note: It is recommended that the smoke detector be relocated away from the kitchen to prevent nuisance tripping.

Second Floor

East (Master) Bedroom (15-0 x 10-5):

Properly repair and surface-coat the ceiling over the door. BMC 16.04.060(a)

The emergency egress window does not meet the minimum requirements for a multi-unit structure built in 1992. The relevant code is the 1989 Indiana Building Code, section 1204:

Openable area required: 5.7 sq. ft.

Clear width required: 20 inches

Clear height required: 24 inches

Maximum sill height: 44" above finished floor

Existing area: 4.84 sq. ft.

Existing width: 34 inches

Existing height: 20 ½ inches

Existing sill: 36 ½ inches

The emergency egress window does not meet the minimum code requirements for the time the structure was built. For that reason, the City will not issue a rental permit until either the window is altered or replaced to meet the code requirement at the time of construction, or you apply for an egress variance with the Indiana Fire and Building Safety Commission. BMC-16.04.020 (b).

The State variance application forms are available at the *Department of Homeland Security* on the *Fire Prevention and Building Safety Commission*'s web site at www.in.gov/dhs/2375.htm. Scroll down to *Downloadable Forms and Documents* and click on *Variance Application and Instructions*. If you need any further clarification, the Commission can be reached at 317.233.5341.

Master Bath:

Properly seal the entire perimeter of the tub/shower including the floor. BMC 16.04.060(a)

Scrape and paint where paint is peeling. BMC 16.04.060(f)

Hallway:

Properly secure the smoke detector. IC 22-11-18-3.5